

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/647074**
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
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TOTAL IND.		1	1		1	
TOTAL DEP.		8		1		1
TOTAL CLAIMS		9		1		1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS		1		1		1

BEST AVAILABLE COPY